



**Board of Examinations for Seafarers Trust, Mumbai  
Application to appear for Inland Vessel Certificate of  
Competency Examination - as per IV Act 1917**

FORMAT- IV-- 001

DATE: 05.07.2017

REV No. 01

BES Code No.

Roll No.

- Notes: -**
- (i) Before filling in the required particulars, the candidate should read carefully the Notice and the Declaration in (I).
  - (ii) Entire form is to be filled in “CAPITAL LETTERS” only.
  - (iii) Division (A), (B), (C), (D), (E), (F), (G), (H) & (I) of this application form are to be filled by the candidate and to be submitted to BES with candidate’s Testimonials (in Original) & Photo copy of former COC, if any.

**(A) Certificate now required (Grade applying for):-**

Grade	Competency (Deck or Engine)

**Signature of Candidate  
(Within the box)**

Paste your recent Colour  
photograph  
(35mm / 35 mm)

**(B) Details of Candidate**

<b>Name in Full :-&gt;</b>												
<b>Father's Name :-&gt;</b>												
<b>Nationality :-&gt;</b>					<b>Educational Qualification:-&gt;</b>			<b>Religion:-&gt;</b>				
<b>D.O.B.</b>	<b>DD</b>	<b>MM</b>	<b>YYYY</b>	<b>Place of Birth -&gt;</b>	<b>Village:-</b>	<b>Taluka:-</b>	<b>Dist.:-</b>		<b>State:-</b>			
<b>Permanent Address</b> (Attach self-attested photo copy of Aadhar or Passport or Ration Card or Electricity Bill) (Write below the name of document attached) .....		<b>Name of person (if any) with whom residing -&gt;</b>										
		<b>Street &amp; number of house -&gt;</b>										
		<b>Town or village -&gt;</b>										
		<b>Post Office -&gt;</b>										
		<b>Dist. -&gt;</b>					<b>State-&gt;</b>	<b>PIN -&gt;</b>				
<b>Present Address</b>		<b>Dist.-&gt;</b>				<b>State-&gt;</b>			<b>PIN -&gt;</b>			
<b>Mobile No. -&gt;</b>						<b>E-mail id-&gt;</b>						

**(C) Personal Description of the Candidate**

<b>Height in Centimetres</b>		<b>Complexion</b>		<b>Colour of hair</b>		<b>Colour of Eye</b>	
<b>Identification Marks</b>							

**(D) Particulars of Previous Certificate (if any)**

Number	Certificate of Competency	Grade	Where Issued	Date of Issue	If at any time cancelled or suspended, state by what Court or authority	Date	Cause

**(E) If the candidate has failed previously in the grade, for which he is applying now, following columns are to be filled. If he has not failed, he must state “Not Applicable”**

Day	Month	Year	Port	Subject in which he failed

**(F) Complete list of testimonials and full STATEMENT OF SERVICE given by employer  
(Which should be attached as per following format):-**

Vessels' Name	Port of Registry & official No. Of vessel	Particulars of ship tonnage and B.H.P	Date of commencement of Service	Date of Termination of Service	Period of Leave		Period of Survey or major repair when vessel is laid up		Net Sea Service			Nature of Service
					From	To	From	To	Y	M	D	
<b>Total Service in Words</b>												

**(G) (i). Attach any one ID proof, from the following (Self attested Photo Copy) [ Tick[√] & mention the name of document]**

- Passport / PAN Card / Aadhar Card [.....]  
(Note: - Candidates, who have attached, Aadhar or Passport as Address proof, need not to attach any ID Proof)

**(ii). Must Attach the following (Self attested Photo Copy)**

- School Leaving Certificate (SLC)     OR     SSC Certificate

**(H) Details of Assessment fees attached (Make DD in favour of 'BES Trust Examinations Fees AC')**

DD No.	DD Date	Amount of DD	Name of the Bank & Branch Name

**(I) Declaration to be made by the Candidate:-**

I do hereby declare that the particulars contained in Paragraph (A), (B), (C), (D), (E), (F), (G), (H) and (I) of this form are correct and true to the best of my knowledge and belief, and that the papers enumerated in Paragraph (F) and sent with this form are true and genuine documents, given and signed by the persons whose names appear on them.

**Date:** - \_\_\_\_\_

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**Signature of Candidate**

□□□□□□□□□□□□□□□□□□□□*Candidates are not permitted to write below this line*□□□□□□□□□□□□□□□□□□□□

**(J) For Office Use Only:**

Remark if any	Eligible	Not Eligible
	Signature & Name of BES Staff.	
	Date	

**(K) Certificate of Examiners.**

Date & Place of Examination		Write "Pass" or "Fail" In the Viva Voice Examination	Examiner's Signature _____
Date	Place		
			Name of the Examiner _____

(Signature & Name)  
CEO / COO  
Board of Examination for Seafarers Trust

Date: \_\_\_\_\_